

<b>CLAIMS ONLY</b>							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
<b>CLAIMS</b>									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3	↓		↓		↓		TOTAL IND.	↓
TOTAL DEP.	96	↓		↓		↓		TOTAL DEP.	↓
TOTAL CLAIMS	99	↓		↓		↓		TOTAL CLAIMS	↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDMENTS